

# **TAXOL THIRD-PARTY PAYOR PROOF OF CLAIM FORM INSTRUCTIONS**

**IMPORTANT NOTICE:** IN ORDER FOR A THIRD-PARTY PAYOR CLASS MEMBER TO RECEIVE ITS SHARE OF THE SETTLEMENT FUND, PURSUANT TO THE ALLOCATION AND DISTRIBUTION PLAN DESCRIBED IN THE NOTICE, A COMPLETED, SIGNED, AND CERTIFIED PROOF OF CLAIM MUST BE MAILED TO THE FOLLOWING ADDRESS **SO THAT IT IS RECEIVED** BY THE CLAIMS ADMINISTRATOR **NO LATER THAN AUGUST 20, 2003:**

*Taxol Claims Administrator  
c/o Complete Claim Solutions, Inc.  
P.O. Box 24629  
West Palm Beach, FL 33416  
Toll Free (877) 848-2289*

THE COMPLETED CLAIM FORM AND THE INFORMATION CONTAINED HEREIN WILL BE TREATED AS CONFIDENTIAL BY ORDER OF THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA AND WILL BE USED SOLELY FOR PURPOSES OF ADMINISTERING THIS SETTLEMENT.

Class Members include Third-Party Payors in the United States who, at any time from January 1, 1999 through December 31, 2002 ("Class Period"), purchased Taxol® and/or generic paclitaxel in the United States. Excluded from the Class are Bristol-Myers Squibb Company ("Bristol") and American BioScience, Inc. ("ABI") (collectively, "Defendants"), their subsidiaries, affiliates, officers and directors, and government entities.

A "Third-Party Payor," for these purposes, means any entity that (a) is a party to a contract, issuer of a policy or sponsor of a plan, which contract, policy or plan provides coverage for the administration of Taxol or generic paclitaxel to natural persons, and (b) is also at risk, pursuant to such contract, policy, or plan, to pay or reimburse all or part of the costs of providing such coverage. Entities with self-funded plans that contract with a health insurance company or other entity to serve as a third-party claims administrator to administer their prescription drug benefits may qualify as Third-Party Payors. Furthermore, a self-funded health benefit plan for employees of a government entity that satisfies the definition of "Third-Party Payor" shall not be considered a "government entity."

This Proof of Claim may be completed, signed and certified by the Class Member itself, or by its duly authorized agent. If a Class Member submits a Proof of Claim on its own behalf, no other Proof of Claim will be permitted on behalf of that Class Member. In the event that Proofs of Claim are filed by both a Class Member and another entity that purports to be the authorized agent of that Class Member, only the Class Member's Proof of Claim will be considered by the Claims Administrator. **THE SETTLEMENT ADMINISTRATOR IS AUTHORIZED TO REQUEST FROM PERSONS OR ENTITIES SUBMITTING A PROOF OF CLAIM, ANY DOCUMENTATION NECESSARY TO VERIFY ALL INFORMATION APPEARING IN THE PROOF OF CLAIM OR TO PREVENT CONSIDERATION OF DUPLICATE CLAIMS SUBMITTED BY OR ON BEHALF OF A CLASS MEMBER. FAILURE TO PROVIDE SUCH INFORMATION IN RESPONSE TO SUCH REQUESTS MAY CONSTITUTE GROUNDS FOR REJECTION OF THE PROOF OF CLAIM.**

If one or more Class Members have authorized you to submit a Proof of Claim on its behalf, you must provide the information requested in Section C in addition to the other information requested by this Proof of Claim. You may submit a separate Proof of Claim for each Class Member who has duly authorized you to do so, OR you may submit one aggregate Proof of Claim for all such Class Members who have authorized you to do so. If you are submitting Proofs of Claim both on your own behalf as a Class Member AND on behalf of one or more Class Member that has authorized you to submit a Proof of Claim, you should submit one Proof of Claim for yourself and another Proof of Claim for the other Class Member(s). **Do not submit a Proof of Claim on behalf of any Class Member without prior authorization from that Class Member.**

If after reviewing this Proof of Claim you need additional assistance, you may contact the Claims Administrator, at the toll-free number listed above.

(Please type or print)

This Proof of Claim is being filed by (select one):

- If you marked “A” complete Sections B, D and E of this Proof of Claim, but skip Section C.  
If you marked “B,” complete Sections C, D and E of this Proof of Claim, but skip Section B.

1. \_\_\_\_\_  
Class Member's Name
2. \_\_\_\_\_  
Street Address  
Floor/Suite  
\_\_\_\_\_  
City State Zip Code
3. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Area Code Telephone Number Area Code Fax Number
4. \_\_\_\_\_  
Federal Employer Identification Number (FEIN)
5. Any other names by which you have been known or other FEINs you have used since January 1, 1999:  
\_\_\_\_\_

6. Check the term below that best describes you or your company/entity:

- ☐ Individual  
☐ Health Insurance Company/HMO  
☐ Self-Insured Employer Health Benefit Plan  
☐ Self-Insured Union Health & Welfare Fund  
☐ Other. Describe: \_\_\_\_\_

7. From January 1, 1999 to December 31, 2002 ("Claim Period"), have payments for Taxol and/or generic paclitaxel been made by you or on your company's/entity's behalf by another entity, such as a health insurance company, third-party administrator (TPA) or pharmacy benefits manager (PBM)?

☐ YES ☐ NO

8. If your answer to Question 7 is "YES," identify all health insurance companies, TPAs, PBMs, or other entities that have paid for Taxol and/or generic paclitaxel on your behalf:

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**SECTION C - Claim by Authorized Agent of Class Member(s):** You should complete this Section C if you are submitting this Proof of Claim as the duly authorized agent of one or more Class Members.

1. \_\_\_\_\_  
Authorized Agent's Name

2. \_\_\_\_\_  
Street Address Floor/Suite  
\_\_\_\_\_  
City State Zip Code

3. (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number Area Code Fax Number

4. \_\_\_\_\_  
Authorized Agent's Federal Employer Identification Number (FEIN)

5. Please list the Federal Employer Identification Number and name of every Class Member for whom you have been duly authorized to submit this Proof of Claim (attach additional sheets to this Proof of Claim as necessary). (In the alternative, you may submit the requested list of Class Member names and FEINs in an acceptable electronic format. Please contact the Claims Administrator to determine what formats are acceptable.):
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**SECTION D - Information Necessary to Calculate Class Member(s)' Claim:** As described in the Notice, each Class Member's claim is based on the amounts such Class Member paid for Taxol and/or generic paclitaxel in the United States, from January 1, 1999 through December 31, 2002. Under the Allocation and Distribution Plan, payments will be based upon what kind of reimbursement system(s) the Class Member used during the Class Period. Please fill out the subsections below that apply based on the definitions below. If you are submitting this Proof of Claim on behalf of yourself as a Class Member, provide the information requested below only for yourself. If you are submitting this Proof of Claim as the duly authorized agent for one or more Class Members other than yourself, you may either submit a separate Proof of Claim for each such Class Member, providing the information below applicable for that Class Member only; or you may submit one aggregate Proof of Claim for all Class Members identified in Section C, but you MUST provide the information requested below for each individual Class Member by either attaching additional sheets to this Proof of Claim or by submitting the information in an acceptable electronic format. Please contact the Claims Administrator to determine what electronic formats are acceptable.

**Definitions:**

**"J-Code Class Member"** shall mean any member of the Class that utilized a reimbursement or payment system for Taxol Payments during all or part of the Class Period that employed, or was based upon, a J-Code Medicare Fee Schedule (or any similar reimbursement or payment system). Nothing herein prevents a Class Member who utilized more than one reimbursement or payment system during the Class Period from being considered both a J-Code Class Member and a Non-J-Code Class Member, and therefore having its claims satisfied accordingly under the Allocation and Distribution Plan.

**"J-Code Medicare Fee Schedule"** shall mean a fee schedule used by or authored by the Health Care Financing Administration, Centers for Medicare & Medicaid Services, and/or Medicare that employed a Code of "J9265" to represent Taxol or generic paclitaxel and listed fees for J9265 that did not change during the Class Period.

**"Non-J-Code Class Members"** shall mean those members of the Class that are not J-Code Class Members. Nothing herein prevents a Class Member who utilized more than one reimbursement or payment system at the same time during the Class Period from being considered both a J-Code Class Member and a Non-J-Code Class Member, and therefore having its claims satisfied accordingly under the Allocation and Distribution Plan.

**"Taxol Payments"** shall mean the dollar amount of purchases of the brand-name prescription drug Taxol and generic paclitaxel (not including any dispensing fee), less any reimbursements (including co-payments), rebates or discounts, during the Class Period. For the purposes of this Settlement Agreement, a Third-Party Payor "purchases" Taxol or generic paclitaxel if they paid or reimbursed some or all of the purchase price. "Taxol Payments" shall not include any fees for the administration of Taxol or generic paclitaxel.

**"Class Period"** shall mean January 1, 1999 through December 31, 2002.

**INFORMATION REQUESTED:**

- (A) IF YOU WERE A J-CODE CLASS MEMBER FOR THE ENTIRE CLASS PERIOD** (for example, you made Taxol Payments during the Class Period using a reimbursement system that employed, or was based upon, a J-Code Medicare Fee Schedule), **PLEASE COMPLETE THIS SECTION:**

TAXOL PAYMENTS FOR THE YEAR 1999 \$ \_\_\_\_\_  
TAXOL PAYMENTS FOR THE YEAR 2000 \$ \_\_\_\_\_  
TAXOL PAYMENTS FOR THE YEAR 2001 \$ \_\_\_\_\_  
TAXOL PAYMENTS FOR THE YEAR 2002 \$ \_\_\_\_\_

TOTAL TAXOL PAYMENTS  
FOR THE CLASS PERIOD \$ \_\_\_\_\_

- (B) IF YOU WERE A J-CODE CLASS MEMBER FOR PART OF THE CLASS PERIOD AND A NON-J-CODE CLASS MEMBER FOR PART OF THE CLASS PERIOD, BUT THESE PERIODS DID NOT OVERLAP** (for example, for the first year of the Class Period you made Taxol Payments using a reimbursement system that employed, or was based upon, a J-Code Medicare Fee Schedule, but for the last three years of the Class Period, you made Taxol Payments using a reimbursement system that did not employ, or was not based upon, a J-Code Medicare Fee Schedule) **PLEASE COMPLETE THIS SECTION:**

**TIME PERIOD DURING THE CLASS PERIOD**  
**THAT YOU WERE A J-CODE CLASS MEMBER** \_\_\_\_\_

**TAXOL PAYMENTS FOR**  
**THIS PERIOD OF TIME** \$ \_\_\_\_\_

**TIME PERIOD DURING THE CLASS PERIOD**  
**THAT YOU WERE A NON-J-CODE CLASS MEMBER** \_\_\_\_\_

PLEASE BRIEFLY EXPLAIN THE NON-J-CODE  
REIMBURSEMENT SYSTEM YOU USED (you will  
have to provide documentation evidencing use of the  
system upon request by Lead Counsel or the Claims  
Administrator) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TAXOL PAYMENTS FOR**  
**THIS PERIOD OF TIME** \$ \_\_\_\_\_

**(or, if you are unable to allocate your actual Taxol Payment during the Class Period, then please provide the total amount of Taxol Payments for the entire Class Period -- you must still answer the questions above regarding time periods)**

TOTAL TAXOL PAYMENTS  
FOR ENTIRE CLASS PERIOD \$ \_\_\_\_\_

(C) IF YOU WERE A J-CODE CLASS MEMBER FOR PART OF THE CLASS PERIOD AND A NON-J-CODE CLASS MEMBER FOR PART OF THE CLASS PERIOD, AND THESE PERIODS DID OVERLAP (for example, during the Class Period you processed Taxol Payments using two or more reimbursement systems at the same time, one reimbursement system that employed, or was based upon, a J-Code Medicare Fee, and another reimbursement system that did not employ, or was not based upon, a J-Code Medicare Fee Schedule), **PLEASE COMPLETE THIS SECTION:**

**LIST YOUR TAXOL PAYMENTS  
AS A J-CODE CLASS MEMBER**

TAXOL PAYMENTS FOR THE YEAR 1999	\$ _____
TAXOL PAYMENTS FOR THE YEAR 2000	\$ _____
TAXOL PAYMENTS FOR THE YEAR 2001	\$ _____
TAXOL PAYMENTS FOR THE YEAR 2002	\$ _____

TOTAL TAXOL PAYMENTS FOR THE  
CLASS PERIOD AS A J-CODE MEMBER \$ \_\_\_\_\_

**LIST YOUR TAXOL PAYMENTS  
AS A NON-J-CODE CLASS MEMBER**

TAXOL PAYMENTS FOR THE YEAR 1999	\$ _____
TAXOL PAYMENTS FOR THE YEAR 2000	\$ _____
TAXOL PAYMENTS FOR THE YEAR 2001	\$ _____
TAXOL PAYMENTS FOR THE YEAR 2002	\$ _____

TOTAL TAXOL PAYMENTS FOR THE  
CLASS PERIOD AS A NON-J-CODE MEMBER \$ \_\_\_\_\_

PLEASE BRIEFLY EXPLAIN THE NON-J-CODE  
REIMBURSEMENT SYSTEM YOU USED (you will  
have to provide documentation evidencing use of the  
system upon request by Lead Counsel or the Claims  
Administrator)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Claimant certifies that all information is true and accurate and is based upon actual records maintained by or available to Claimant.*

**PLEASE KEEP COMPUTER SUMMARIES OR OTHER BACKUP DOCUMENTATION FOR THE INFORMATION THAT YOU ARE SUPPLYING. IT MAY BE REQUESTED BY THE CLAIMS ADMINISTRATOR, COUNSEL FOR THE SETTLING PARTIES OR THE COURT, AFTER YOU FILE YOUR PROOF OF CLAIM.**

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public